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CLINICAL REPORTS.

HÔTEL DIEU, OF PARIS.

Operation of Lithotripsy.—Breaking of the Instrument in the Bladder—death of the patient. Reported by F. CAMPBELL STEWART, M. D.

Nicolas Joly, aged 44 years, entered the Hôtel Dieu, at Paris, on the 11th of October, 1842, to be treated for an urinary calculus, with which he had been suffering for several months. He was placed in the wards of Monsieur Blandin, (Salle St. Bernard, No. 45,) and it was decided that his stone should be removed by the process of lithotripsy.

The first operation was performed on the 17th of October, in the presence of Dr. Leroy d'Etiolles, and a number of students; it was some time before the operator could get the calculus between the branches of Heurteloup's *brise pierre fenêtrée*, and, when seized, it was found so hard as to require the exercise of very considerable force before it would yield. After breaking off several fragments, however, the instrument was withdrawn, and the patient directed to take a warm bath.

The second operation was performed one week after the first, viz: on the 24th ultimo; and it was on this occasion, that the female branch of the instrument (No. 2—made by Charrière) broke off, at about one inch from its extremity, and fell into the bladder. No attempt was made to extract the broken piece, and it was determined to have recourse to Lithotomy, so soon as the patient should be in a condition to render the success of the operation probable.

I saw the patient on the 27th, three days after the accident; his countenance then expressed great anxiety and uneasiness; he had had two chills; his pulse was full and feverish; he complained of no pain in the hypogastric region; nor indeed anywhere, but in the right side about the liver and kidney; where it was sometimes very great, and always increased by pressure; in a word, he was labouring under nephritis. On this occasion, the orifice of the urethra was enlarged by Monsieur Blandin, and he removed, with a small scoop, a number of fragments of stone, which had been broken off during the last operation, and, following the course of the urine, been arrested in, and behind the fossa navicularis. Between this period and the second of November, I attended the Hôtel Dieu regularly, expecting every day that M. Blandin would cut his patient, and extract the stone and fragment of the instrument. This was not done, however; and, after a daily succession of chills, followed by fever and perspiration, Joly died on the morning of the 3d instant.

The autopsy was made 24 hours after death, and the following was found to be the condition of the organs examined:—

Bladder—Hypertrophied, and likewise much contracted. Presents evidence of recent inflammation, and several small fungous tumours about its

fundus. Contains a mulberry calculus, (of oxalate of lime,) of the size of a small hen's egg, from the sides of which several pieces have been broken off by the *brise-pierre*. Some of these fragments still remain; the rest were expelled during life along with the urine. The portion of instrument which was broken off, is found at the bottom of the bladder, and has become quite black.

Prostate—Considerably enlarged, but otherwise healthy.

Urethra—Perfectly healthy in its whole course, but with some portions excoriated by the fragments of stone, which had to be forcibly extracted.

Ureters—In a normal state.

Kidneys—Enlarged, and evidently in a state of chronic inflammation. Several small purulent abscesses are found to exist in the cortical substance of the right one.

Liver—Hypertrophied, and of a dark green colour throughout.

Spleen—Much softened, and likewise enlarged.

Lungs—Healthy, with the exception of some ancient adhesions of the pleura, and a large number of very minute collections of pus about the circumference of the base of the right one.

Brain and Heart—Not examined.

No traces of peritonitis.

Remarks.—In the history of the foregoing case, we have an instance of the repetition of an accident which has already happened more than once; and, as it is calculated, without explanation, to do serious injury to the cause of lithotripsy, I may be permitted to offer a few extenuating remarks:

The patient, whose case has just been detailed, was at the period of his admission into the hospital, in such a condition as to preclude from the mind of a cautious surgeon, the idea of an immediate operation, either by lithotomy or lithotripsy. He was exceedingly irritable, and, at that time, even complained of constant pain in the regions of the liver and right kidney, proving that inflammation already existed, either in a chronic or incipient stage. If, however, it was judged indispensable to relieve him as soon as possible of his stone, the question arose as to which of the operations would be most applicable to his case; and here, I think, there was not ground for a moment's hesitation. Lithotomy should undoubtedly have been preferred; and for the reasons, that the stone was not too large to be removed through the perineum, whilst it was too hard to be easily broken by the *brise-pierre*; and, in the former case, the source of irritation would have been at once and entirely removed; whereas, by the latter process, a number of hard, angular pieces of stone would be substituted in place of one large mass, which acting as a constant source of irritation, could but complicate the operation, and thus compromise its success.

Civiale has long since declared his opinion, which he repeated to me a few days since, that the operation of lithotripsy is inapplicable in most cases where the kidneys are diseased, and he is always cautious not to operate until such diseases have been subdued or removed.

Monsieur Blandin's known skill, as an operator, is a sufficient guarantee that the instrument was properly used, although he candidly admits that he employed more force than it was probably safe to resort to.

The instrument itself was one of Charrière's make, and I am assured by him, that it had been fully and faithfully tested with the hardest stones before being delivered at the Hospital.

The only other question, which I think it necessary to examine, is, what

influence the accident may have exercised over the issue of the case; and here I am bound to declare, that I cannot conceive how a small piece of smooth, highly-polished steel would be capable of irritating the bladder, or producing consequences more serious, than a large, angular fragment of hard stone, and the more so, when the individual is kept quiet and still in his bed! In conclusion, then, I would attribute, and, I think, justly, the fatal termination of this case to other causes than the influence of the unfortunate accident, to which the result is attributed by some loud declaimers and violent opponents of the ingenious and now, (notwithstanding this accident, and their opposition,) fully established operation of lithotripsy. This must be regarded, then, as one of those unfortunate occurrences which sometimes take place in spite of every precaution, and which it is impossible to foresee.

There is one circumstance connected with the case, which I cannot explain or account for, however; nor do I conceive that it is capable of being justified on any ground. I refer to the delay practised with regard to the performance of lithotomy, after the accident had happened. It appears to me, that the true course, and the one which I should have unhesitatingly adopted, would have been to operate immediately, even within the hour after the accident.

Paris, November 11th, 1842.

Philadelphia Hospital, Blockley.—Service of Dr. Gerhard.

Reported by J. W. LISLE, M. D., Resident Physician.

*Case of Typhoid Fever followed by Malignant Intermittent—Recovery—
Employment of Quinine in large doses.*

Patrick Callaghan, æt. 26, an Irishman by birth, but for the last five years a resident of this country, has been subject to attacks of pain in left breast for the last six years, first occurring after long continued exposure to wet and damp, these attacks generally lasted about two weeks, and were attended with a troublesome cough, sensation of "smothering," and palpitation of heart. According to his own account, all remedies seemed to augment the symptoms, which, on being allowed to take their own course, subsided spontaneously. For three months preceding his entry into the Hospital, he was employed as a boatman on the Schuylkill, between Pottsville and Philadelphia, and while acting in that capacity was seized about the 24th September with a chill, accompanied by headache, pain in back, ringing in ears, pain in breast, and cough, with palpitation of heart; had three chills the day of attack, and on the following day symptoms of fever supervened, with great thirst, heat of skin, anorexia, pain in head, frequent inclination to go to stool, discharges thin, with griping pain; he was relieved by a dose of oil. The oppressive cough, cephalalgia, ringing in ears, &c., have continued up to the time of entering the Hospital, and have been attended with great restlessness and want of sleep.

Entered the Hospital on the morning of October 7th, 1842, presenting the following symptoms:

Face flushed; intellect clear; respiration hurried, and laboured, 28; abdomen full and tender; pulse 96, quick and feeble; a few sudamina on abdomen, but no red papulæ, no cephalalgia, no tinnitus aurium; had three or

four stools yesterday, but none to day. Percussion good over chest in every part, excepting a slight dulness over lower part of left lung anteriorly. Auscultation—sibilant and sonorous rhonchus, throughout left lung anteriorly, mingled at lower portion with subcrepitant; sonorous rhonchus throughout left lung anteriorly; same sounds posteriorly, but less marked. Action of heart slightly increased. Sounds natural, rhythm perfect.

Oct. 7—Evening. Skin hot and dry, tongue smooth, red and moist, epigastrium very tender; had two stools during the day. Ordered surface to be sponged with tepid acidulated water, and six cut cups, three to epigastrium and three between the shoulders; barley water; low diet.

October 8. Relieved by the cups, which drew nine ounces of blood; slept very little. Perspired freely for about an hour; skin of moderate temperature; no stool since last visit; cough slight; dyspnœa continues; very little sibilant and sonorous rhonchus; some mucous and subcrepitant on left side anteriorly.

R. Mist. Neutralis.

Evening. Hot and dry skin, and every symptom of considerable fever; tongue moist; eyes injected, epigastric tenderness greater than in the morning, though he says less than usual; ordered castor oil ʒi.

October 9. No stool; fever moderated; pulse 112; slept very indifferently; skin hot and dry; red papulæ disappearing; epigastric tenderness continues.

R. Only Mixture during the day.

October 10. Complains of extreme weakness; profuse sweating an hour before visit; skin is now cool; somnolence slight; no stool from the oil until aided by injection, since which had two stools; slight flush of face; pulse one hundred, soft and undulating. Respiration thirty, rather high; tongue very red, clean and moist; no abdominal tenderness, except a little at epigastrium; few sudamina, no spots; tympanitis; considerable præcordial pain; action of heart feeble; sounds distant.

Respiration anteriorly on the left side very feeble, with sibilant and sonorous rhonchus; right side much more distinct. Posteriorly, similar evidences of slight bronchitis. Ordered cut cups iv. to left side posteriorly.

October 11. Considerably relieved by cups yesterday; slept badly last night; skin warm and dry; pulse 108, feeble, no subsultus; no red spots visible; auscultation same as at last visit; no stool since yesterday morning.

R. Ol. Ricini, ʒj. q. h. iij.

R. Pil. Hydrargyri, gr. j. ter in die.

October 12. Pulse soft, undulating, about 95; skin moist; expression calm; no subsultus; no ringing in ears; some epigastric uneasiness; much tympanitis; papulæ barely visible; some sudamina; slept well last night; tongue red and dry; bowels still costive; ordered a full dose of castor oil.

October 13. Complete apyrexia; skin of pleasant temperature; perspirable; less dyspnœa; bowels opened freely by the oil.

October 14. Sleep broken during the night; dozes through the day; skin of pleasant temperature; countenance characteristic. Pulse 100, feeble; bisferiens; no stool since yesterday morning; slight soreness of mouth. Discontinued the blue mass.

October 19. Symptoms have varied slowly since the 14th instant. A gradual improvement has taken place under a mild treatment, consisting of

cooling drinks, tepid ablutions, and gentle laxatives; the insomnolence has continued more or less to the present time: considerable epistaxis last evening, followed by a refreshing sleep; costive; skin this morning moderately warm, pleasant; pulse 106. Ordered a laxative of castor oil.

October 23. On visiting him this morning found him considerably weaker, and in profuse perspiration. He was taken early last evening with chilliness and rigour, which lasted for an hour.

R. Infus. Cinchonæ, ℥ij. q. h. iij.

October 24. Two chills since last visit, both of which were followed by exhausting sweats. He was ordered to take at once, Quin. Sulph. grs. x. Tinct. Opii. gtts. xx., and to be followed by doses of the same tonic of gr. v. each, every hour for eight hours; and then two more doses of gr. v. each, every second hour.

October 25. A slight chill was noticed yesterday after he had taken the fourth dose of quinine, but its duration was short—no return of the chill since—complains this morning of pain in head; has no pain in bowels; no purging; little or no epigastric tenderness.

Evening. Epigastrium very tender. Tongue red and dry; pulse quick and feeble; delirium.

R. Ol. Terebinthinæ, ℥ss.

Camphoræ. gr. v.

Lac Assafoet., gr. 2 s. ft. ℥iij. ft. enema.

Also ordered Emplastrum vesicator to epigastrium, and cooling applications to head.

October 26. Epigastric pain greatly relieved by blister; mind perfectly clear; no delirium; some somnolence; tongue dry and red; pulse 83, full, soft and gaseous.

R. Emp. Epispas. iv—iv., to nucha, to be dressed by gr. x. of Sulph. Quinia. Also,

R. Quin. Sulph. grs. iv. q. h. ij. until four doses were taken.

October 27. Some slight delirium and some epigastric tenderness; tongue red and dry. Ordered mucilaginous drinks with infusion of cinchona.

October 28. Improving. Tongue slightly red; no cephalalgia; skin of moderate temperature; pulse 80, soft and regular.

R. Quin. Sulph. gr. v.

Aquæ, ℥iij., Sig. ℥i. ter. in die.

October 29. Continues improving; sleeps well; has had no return of the chill since 24th inst. Pulse 72, full, soft and regular. Discontinue the Sulph. Quinia, continue the infusion of cinchona. Allowed a diet of mutton.

November 1. Appetite good; strength slowly returning. Ordered full diet, with a pint bottle of porter daily, discontinue all other treatment. Convalescence.

The patient's convalescence was slow, and fearing a relapse he was kept in the ward, with little or no treatment, excepting a careful, though good diet and occasionally tonic infusions. He was allowed to remain in the ward until the third day of December.

Philadelphia Hospital, Blockley, Dec. 18, 1842.

In this case we had the two distinct forms of fever which are most frequent in the United States. The geographical situation of Philadelphia is such as to render it very favourable for the comparative study of the two classes of these diseases. The town itself is placed partly on the rocks of the primitive formation, which form the falls of many of our rivers, and partly on the alluvial strata which are here met with on both shores of the Delaware. During the past season an unusual number of intermittents occurred chiefly in the alluvial formations of the southern part of the city, opposite to the Hospital; but scarcely any cases occurred there, situated, as it is, on the high gravelly ridge on the western banks of the Schuylkill. There is strong reason, indeed, for believing that the intermittent was not contracted in the Hospital itself, but resulted from the former exposure of the patient as a boatman on the Schuylkill, in which occupation he was exposed to whatever malaria might be generated upon the river—living, as he necessarily did, and sleeping on board of his boat.

During the course of the typhus fever, which was mild, though well characterized, no symptoms of the intermittent showed themselves; nor was it until convalescence was pretty well established that the chills came on. The danger of the patient was evidently vastly greater from the intermittent than from the continued fever, but as the former disease is almost always directly under the control of medicine, it was readily arrested from quinine given in high doses. As soon as the disease assumed a severe form, the quantity directed was a drachm in twenty-four hours, divided into ten doses of ten and five grains each—besides its external use. But few cases of intermittents or remittents, in our neighbourhood, require such active treatment; but now and then cases occur in which the patient's safety depends upon the early and free administration of quinine. They are sometimes not a little embarrassing, because the intermittent type of the disease is masked, as in this case, by some previous affection, or because the chill occurs at night, and the severity of the case is not at first suspected.

I have never met with a case similar to this one, in which the intermittent occurred in such close connection with the typhus fever—each disease preserving its own symptoms unchanged, unless we should attribute the unusual severity of the intermittent to the debilitating effects of the continued fever. The recovery of the patient was complete.

BIBLIOGRAPHICAL NOTICES.

A Treatise on the Diseases of the Eye. By W. LAWRENCE, F. R. S., etc., etc. From the last London Edition, with numerous additions, and fifty-seven illustrations. By ISAAC HAYS, M. D., etc. Philadelphia: 1842. 8vo. pp. 778.

Ophthalmic medicine every where seems to have received a new impulse. For years Germany was preëminent in this important branch of pathology.

This was due to the establishment of a special chair of eye-medicine by the Empress Maria Louisa, in 1773. A complete revolution was thus effected; and England and France, whose surgeons had done so much in ophthalmology, were completely eclipsed by the brilliant success of the eye clinique of Vienna. A long list of distinguished names attest the justness of the reputation of the German school—those of Barth, John Adam Schmidt, Beer, Rosas, Jaeger, Eble, Richter, Chelius, Ammon, Graefe, Juengken, and a host of others, are familiar to the surgical student. England and France have recently recovered from their apathy, and a number of excellent works have issued from the press of both countries. The treatises of Carron de Villars, Rognetta, Velpeau, Sichel, Vidal (de Cassis,) Furnari, &c., on ophthalmic medicine, as well as the excellent contributions of the late Professor Sanson in the Dictionary, show the attention which the diseases of the eye receive at the hands of the French surgeons. Professor Velpeau gives annually a special course on this subject at La Charité, and Professor Sanson did the same at La Pitié. There are besides, the special private clinics of Sichel, Carron de Villars, Rognetta, and Zokalski. In Great Britain the standard works of Lawrence, Mackenzie, Middlemore, Guthrie, Travers, Tyrrell, &c., give substantial evidence of the interest there taken in the advancement of eye medicine. The ophthalmic infirmaries of London, Glasgow, and Birmingham, and the happy influence they exercise on the progress of science are well known.

The work before us is the fruits of the successful cultivation of eye-medicine in England. As the American editor justly remarks, its character "is too well established to require a word of commendation." The basis of this treatise was the Lectures which its distinguished author delivered in the London Eye Infirmary. It was first published in 1833, and the second edition, from which this is a reprint, in 1841. It shows a vast amount of erudition, and, at the same time, a practical familiarity with the subject, the result of extensive opportunities. The American editor has supplied some omissions in the Treatise, and he has added the results of his own experience in the treatment of most of the important diseases "derived from more than twenty years devotion to the subject, during all which period he has been attached to some public institution for the treatment of the Diseases of the Eye."

The work is cleverly printed, and handsomely illustrated.

Elements of Physiology. By J. MÜLLER, M. D., Professor of Anatomy in the University of Berlin, etc. *Translated from the German.* By WM. BALY, M. D., Graduate in Medicine in the University of Berlin. *Arranged from the Second London Edition.* By JOHN BELL, M. D., etc., etc. Philadelphia: 1843. 8 vo. pp. 886.

The established reputation of the great work of Müller requires no praise from us. It will long endure as an evidence of immense research, careful

observation, patient investigation, untiring industry, and unrivalled ability. We hailed its incorporation into our own medical literature by the translation of Dr. Baly, and believed that in so doing he conferred an inestimable benefit on the profession generally. We long anticipated its republication in this country as a tribute to the great genius of its author. We did not, we confess, ever indulge in the utopian revery that it would become popularized—that it would be the vade mecum of the general practitioner; but we did hope to see it in most libraries, as a work of frequent reference. We, therefore, cannot but regret, and deeply, too, the mutilation which it has undergone, unjustifiable as it is, both morally and as a matter of expedient. No one will understand it more perfectly in its present emasculated state, and this continued appropriation of the property of others, this Procrustian system of adaptation to the narrow, sordid views of publisher or editor, is more than of doubtful morality. The scissors and the paste brush have taken the place of the mind and the pen, and the untiring exertions of the steam press can hardly keep pace with the voracious demands of the book-wright.

The Good Physician ; being an Introductory to the Course of Lectures on Materia Medica and Therapeutics, in the Medical Department of Transylvania University, for the Session 1842-3. By THOMAS D. MITCHELL, M. D., Professor, &c. &c. Lexington, Ky. : 1842. 8vo. pp. 18.

Dr. Mitchell sketches his *beau ideal* of the “good physician” in a sprightly and attractive manner, but we fear his standard is too high for successful imitation.

Introductory Lecture to the Course of Instruction in the Medical Institution of Geneva College, (upon the occasion of opening their New Building, 4th Oct., 1842.) By THOMAS SPENCER, M. D., Dean, Professor of the Institutes and Practice of Medicine. Geneva, New York : 1842. 8vo. pp. 19.

This is a rapid and cleverly written sketch of the history of medicine, and, in addition, contains the usual quota of sound advice, pleasantly conveyed. Our limits prevent us from indulging in several extracts which we had marked.

Brief Remarks on the Diversities of the Human Species, and on some Kindred Subjects. Being an Introductory Lecture delivered before the Class of the Pennsylvania Medical College, in Philadelphia, November 1, 1842. By SAMUEL GEORGE MORTON, M.D. Professor of Anatomy and Physiology in that Institution. Published by the Class. 8vo. pp. 24.

This is an admirable essay, showing extensive research, and deep and just thought. We commend it to the profession and to the scientific reader. Professor Morton's ability to treat the present interesting subject will be

generally admitted, and expectation will not be disappointed. Reflection has convinced him that a primeval difference has existed among men; "not an accidental occurrence, but a part of that all pervading design, which has adapted man in common with animals and plants, to those diverse conditions which form a necessary part of the economy of creation." These diversities are seen in the physical and intellectual man, and are conspicuous even in his moral character. Is it not probable that the Infinite Power which conducted safely a single favoured family through the dangers of the deluge, should, before their subsequent dispersion in different climes, adapt them "to those varied physical circumstances with which they were henceforward to contend?"

"In the first place, then, we may remark, that if the black complexion was the mere consequence of the action of the sun's rays in a hot climate, the Indians of our own continent, who inhabit the torrid zone, ought to be as dark-skinned as the inter-tropical Africans; which is very far from being the fact, for these American tribes are no darker than others who live on the shores of the Rio de la Plata, in the cold region of Patagonia. Again, if climate caused the peculiar texture of the hair in the African, a similar temperature in the same latitudes of America, ought to produce an analogous result in at least some portion of the indigenous population; but the hair of the Indian, in all its localities, is long and lank, like that of the Mongolian: nor, on the other hand, does there appear to be the smallest tendency in any American climate to change the hair of the Negro; for we have the experience of three centuries in the West India Islands, in disproof of any such mutation.

"If the African derives his complexion from the causes to which we have adverted, how does it happen that he becomes no fairer in a colder climate? Real Negroes constitute the indigenous population of Van Diemen's Land, which is nearly as cold as Ireland; and yet these very people are among the most strongly marked tribes of the African race. In many islands of the Indian Archipelago, the Nigritos, a race of Negroes of small stature, inhabit the hill-country, and the Malays the low-lands nearer the coast; and yet the Malay, under these circumstances, does not approximate to the Negro in any one of his physical characteristics.

"So also the Dutch inhabitants of the Cape of Good Hope, who have lived for three centuries among the Hottentots, have preserved their natural traits unaltered; and this remark is also true of the Arabs who have lived during many generations among the Negroes in the heart of Africa, yet have lost none of the distinctive features of their race. Analogous examples might be multiplied to a great extent; but these may suffice the purpose of present illustration.

"That climate has a certain and obvious effect on the human body, I most certainly admit; and, taking the skin for an illustration, we all know the effect of the sun's rays in producing a darker complexion, as seen in our own latitudes, and which is more strikingly manifest in those Caucasian or white nations who inhabit inter-tropical regions. They become of a dark brown complexion, not unfrequently as sable as mulattoes; but the children of such parents, if protected from the sun's rays, preserve the complexion which is characteristic of their progenitors, as in the instance of the Arabs to whom

I have already adverted. But, with regard to the permanence of those organic characters which mark the different races of men, a conclusive source of evidence has within a few years been disclosed to us in the monuments of Egypt. These venerable and truly wonderful remains of human ingenuity, embrace numberless legends, of which the knowledge of hieroglyphic literature has established not only the meaning, but the dates themselves; and by their evidence we discover the interesting fact, that the several races of men were as perfectly distinct in Egypt upwards of three thousand five hundred years ago as they are now. The white man and the Negro are there depicted, side by side, with the same physical characteristics which are now familiar to our daily observation. This vast period of thirty-five centuries, has made no appreciable change in either; and as less than seven hundred years could have intervened between the positive existence of these distinctions and the epoch of the Deluge according to the Hebrew chronology, we come to the unavoidable conclusion, as already stated, that these diversities of organization were coeval with the dispersion of our species. Let me repeat, therefore, my admonition, that we may not hastily attribute to mere chance those singular phenomena which bear the impress of obvious and original design.

“Some minds would be perhaps equally disposed to attribute the diversity of languages also to accident, were it not for the positive evidence to the contrary, which is preserved in the inspired records; proving that in this, as in every other instance, whatever was requisite for the protection, variation, and perpetuity of the human race, required but the fiat of Omnipotence, and it was done.

“The negro presents us, moreover, with a remarkable example of the adaptation of constitution to climate. Thus, there are vast tracts on both the eastern and western coasts of inter-tropical Africa, in which the European constitution at once becomes the victim of enervating and destroying fevers: and although it may, for a time, resist the fatal effect of these subtle influences, it sooner or later becomes a prey to them. No precautions can prevent them; and no manner of life accustoms an exotic constitution to contend with its unseen but indomitable enemy. In these very climates, in the midst of these lethal exhalations, in this foul and poisoned atmosphere, the negro reaches the acme of his physical nature, and scorns those precautionary restraints which are necessary to the European.

“This remark applies to the negro not only in his native African regions, to which we presume his constitution is essentially assimilated, but also in exotic climates; for I believe the fact has been satisfactorily proved, that he is much less subject than the white man to the yellow fever of our own country, and also to those destroying epidemics which infest the rice plantations and other marshy districts of the southern states.

“Yet, on the other hand, the native inhabitants of a district of country are liable to diseases from which strangers are exempt, owing to a seemingly primitive difference of constitution which appears to belong to peculiar developments of the physical man. For example, in or about the year 1764, an inflammatory fever broke out among the Indian population of Nantucket and Martha's Vineyard, and was wholly confined to individuals of that race. The whole number of Indians in Nantucket was 340; of these, 258 took the distemper, and only thirty-six recovered. In Martha's Vineyard, it attacked every individual of those Indian families in which it made its appearance, being fatal in nearly all cases. Now mark another striking fact: not

a single white person took the disease ; and all those individuals who were of a mixed Indian and European origin, although they took the disease, recovered to a man !*

“ Do not these and similar facts point to an original adaptation of the physical man to the local position he was ordained to inhabit ? I apprehend that without such adaptation, the patriarchal germs of our species would have been utterly destroyed in the effort to contend with those pestilential influences which appear to be inherent to certain localities on the surface of our earth.”

Man as an inhabitant of every climate must be capable of existing under every variety of temperature, from parching equatorial sun, to 70° north latitude, where even mercury freezes. He too must be omnivorous.

“ If animal diet was essential to the human economy, China and India, now the most thickly peopled portions of the globe, would of necessity be very sparsely inhabited. These nations, as is well known, live almost exclusively on rice ; and yet they enjoy remarkably uniform health, are capable of much fatigue, and live to a good age. Some savage tribes of our own country live for months of the year on roots alone ; yet these unfortunate people have all the physical attributes of the cognate tribes. Nay, more : the philosophic traveller, Von Humboldt, met with a people called Ottomacs, living on the shores of the Orinoco, who, he assures us, are compelled by the scantiness of food, to live for several weeks and even months of the year, chiefly on an unctuous clay which contains some nutritive properties, and serves the purposes of life. This seems for a moment, beyond our credence ; yet upon how little aliment the human body can be nourished and sustained, even amid the greatest privations, has been often brought to the test of painful experiment in some of those polar expeditions, which have formed a remarkable feature in the history of the present century. Men have been compelled, in the extremity of famine, to eat their very shoes, and have found in them sufficient sustenance to sustain life, and toil and fatigue, for many days together.

“ If we next regard the most northern tribes of both continents, we find them living exclusively on animal food, and this in a most gluttonous quantity, and in the most disgusting condition. The Eskimaux and the Kam-schatkans, the Ostiaks, Samöides and other polar nations, eat their food raw or half cooked, with equal indifference. And of what does this food consist ? The flesh of seals, the blubber of whales, and the visceral parts of various marine animals, and often in a state of absolute decomposition. Yet this diet is not only suited to their palates but adapted to their digestion ; for on it they thrive well, grow fat, enjoy life, and are capable of undergoing a degree of fatigue and privation which to us would be appalling indeed.

“ Further to the south, yet still in a comparatively inhospitable latitude,

* See Lawrence's Lectures on Zoology, &c. I commend this work, which has been republished in Salem, Massachusetts, to your attentive perusal, as replete with instructive facts, to which I have recurred on the present and all other occasions when engaged in inquiries into the Natural History of Man. The more elaborate work of Dr. Prichard, of Bristol, England, will amply reward an attentive perusal, inasmuch as it embodies the most extended series of facts in Anthropology to be found in our language. This invaluable work has not been reprinted in this country, but can be obtained from our larger libraries.

the Norwegians are seen to grind the bark of certain trees for the purpose of mixing it with their scanty allowances of oat-meal or barley; and yet these very people are scarcely surpassed in health, strength, or longevity, by any other inhabitants of Europe.

"In further proof of the omnivorous nature of man, we have only to regard the civilised communities of which we ourselves form a part. Look at the multiplied varieties of animal and vegetable food which are every day exhibited in our markets, and displayed upon our tables. All nature is taxed to provide this infinite diversity of aliments. The earth, the sea, the air, each is ransacked to contribute something to this grand and necessitous requisition of our nature. Then look again at the multiform culinary operations to which these various articles of diet are subjected, and we are compelled to admit that man is omnivorous in the broadest sense of the word. The truth is, he must be fed. He rises in the morning, whether from his hard and unyielding bed, or from his downy couch, and his first impulse is that of hunger. Whether he works or lives in idleness; whether he fights or philosophises; whether he tills the earth, or writes romances, he must, he **MUST** be fed.

Hunger! Thou art in truth a god, to whom
Men render homage. Daily dost thou drive
Thy famished legions forth, to toil, or beg,
Or rob. Who dares contend with thee? Not one.
Life is a strife for bread.

"And when we reflect that eight hundred millions of human beings feel this daily necessity for food, a necessity which cannot be postponed nor compromised by any crafty subterfuges, how stupendous does that provision appear, which is adequate to the wants of so vast a family!

"But although man, as we have observed; is capable of living on any or all kinds of food; although his aliments are, in some regions, necessarily limited to a very few articles, and these exclusively of the vegetable or of the animal kingdom, yet his mind and body are most perfectly developed when his diet is of a duly mixed character, and adapted to those ever-varying conditions of repose and activity to which he is by nature subject.

"The lower animals have their prescribed localities, their native haunts, their own essential range of climate. What would be the condition of the polar bear if placed under the equator, or the lion if removed to the perpetual snows of the arctic circle? Each would become paralyzed and powerless, and sink at once into imbecility and death. Such, also, would be the fate of every other animal, if removed from its native haunts and influences, and placed in others which are adverse to its nature. But what is the latitude essential to man? What are the limits of his range? He has no limits. Spreading his sails on every sea, he explores every region, he pitches his tent in every clime, he braves every variety of physical circumstance. Led by the incentives of commerce, lured by the hope of gain, or seduced by the love of glory, he traverses the burning deserts of Africa, or pursues the sea-monsters in the icy regions of the pole. He hunts the tiger for pastime on the plains of India, and the buffalo for food on the prairies of the far west. He grapples with the ocean tempest, and plays with the winds of Heaven; and he even contends with the grim messenger of death amidst the fumes of plague and pestilence, and turns aside the shaft that was aimed at the bosom of his fellow man.

“Connected with this department of our subject, let us next advert briefly to the immense preponderance of the moral and intellectual faculties in man; those godlike attributes which place him on the pinnacle of creation, and convince him, as he looks down on the herd of inferior animals, that there is, indeed, a gulf between him and them. It is not for me, in this place, to dwell on these deeply interesting considerations; yet when we consider them in connexion with the gift of speech, and note the beautiful and elaborate results of human thought,—the ideality of Homer, the philosophy of Franklin, the combination of clear perception and prompt action in the immortal Washington,—when we reflect on the mighty genius that could conceive the Pyramids and the Parthenon,—or last, not least, when we contemplate that spirit of benevolence which characterizes the mind of man, and behold it directed to the mitigation of human ills, the suppression of human wrongs, and the general welfare of the human species, are we not compelled to admit that MAN, with all his faults, with all his manifold and glaring imperfections, possesses within him a spark of that Diviner Essence, which, if cultivated and cherished, approximates in degree to Divinity itself? Yet as this question would involve a more extended discussion than our time will admit of, I can only glance at it in very general terms. In the first place, then, we are struck with the fact, that the northern portions of both hemispheres are much more favourable to mental developement, than the corresponding southern latitudes; and that the inter-tropical regions, as Dr. Lakey has shown, may be included within the limits of this remarkable exception. In those regions of perpetual summer, wherein the mind luxuriates in indolence and sensuality, the depressing and continued heat tends to throw a languor over the human frame, alike unfavourable to mental culture and to physical activity. In vain we look, in these burning climes, for exalted manifestations of intellect, whether shown in mechanical ingenuity, in mathematical research, in philosophical inquiry, or in the more seductive themes of poesy and song. I must, of course, make exceptions for the peninsular regions of India and Arabia, which lying in the northern section of the torrid zone, present an approximation, though still remote, to the mightier genius of the people beyond the tropic.

“You may, perhaps, inquire respecting Egypt—the cradle of civilization—the mother of the arts. But it is a curious fact, I might say, coincidence, that the line of the northern tropic passes a little to the south of the island of Philæ, (which was the boundary between Egypt and Nubia,) thus placing the whole of the proper Egyptian territory within the limits of the north temperate zone. If we direct our attention yet further south to Ethiopia, we find, it is true, temples, tombs, and pyramids; but these, although more in number, are much less in magnitude than those mightier monuments which shadow the valley of the Nile from Philæ to the Delta. Again, Ethiopia was for ages a subject province or dependency of Egypt, and perhaps derived from the latter country, her arts, her language, and her religion. In the south temperate zone, notwithstanding the milder nature of the climate, and the seeming adaptation of the country, to the wants and the impulses of humanity, what do we behold? In New Holland, the lank, ferocious, and denuded savage, the feeble intelligence, the mere glimmer of the reasoning mind. In Africa, the wretched and brutalized Hottentot, yet more degraded, if possible, than the Australian himself, and constituting the lowest natural link in the scale of the rational creation. If, again, we turn our eyes to Terra del Fuego, the southern extreme of our own continent, we see another

series of similar phenomena, all tending to prove that man in those regions is mentally and morally inferior to him of the inter-tropical latitudes; while both fall below the type of mind as seen in those happier climes which lie north of the tropic of cancer.

"But while much is due to climate, even more is attributable to those primeval attributes of mind, which, for wise purposes, have given our race a decided and unquestionable superiority over all the nations of the earth. Was this not the case, the numberless hordes of the Mongolians of Asia, would long since have exterminated the Caucasian race from Europe; and the very religion which we profess, would ere now have been replaced by those unhallowed rites, and that multiform idolatry, which are justly abhorrent to christianized man. Was it not for this same mental superiority, these happy climes which we now inhabit would yet be possessed by the wild and untutored Indian, and that soil which now rejoices the hearts of millions of freemen, would be yet overrun by lawless tribes of contending Barbarians. Thus it is that the white race has been able to plant and to sustain its colonies in every region of the habitable earth.

"In Asia, in Africa, in America, in the torrid and in the frigid zones, have not all the other races of men yielded and given place to this one? In the Mongolian family civilization was early, its progress was slow, and its degree is fixed. What it has been for ages, it is now. But the Caucasian stock, as seen in the Egyptians, the Chaldeans, the Greeks, the Romans, in the various nations of southern Europe, and of later time in the Anglo-Saxon race to which we ourselves belong, has marched onwards from one degree of cultivation and refinement to another, which the other races have never approached, nor are likely, in the ordinary course of events, ever to realise."

Lectures on the Theory and Practice of Physic. By WILLIAM STOKES, M. D., Lecturer at the Medical School, Park street, Dublin; Physician to the Meath Hospital, etc., etc. And by JOHN BELL, M. D., Lecturer on Materia Medica and Therapeutics; Fellow of the College of Physicians of Philadelphia, etc., etc. Second edition. In two volumes. Philadelphia: Ed. Barrington & Geo. D. Haswell.

This is the third American edition of Dr. Stokes' work on the Practice of Medicine. His other work, that on the diseases of the lungs, was published in a separate volume in Ireland, and reprinted in this country, and is now, in great part, incorporated with the present edition, but *remodeled* by Dr. Bell.

The editor gives the following account of the preparation of the present edition.

"It was not without some misgivings that I undertook, two years ago, to edit the Lectures of Dr. Stokes,—fearing that my additions might not enhance the value of this gentleman's labours, and knowing that adequate scope was not allowed me for separate efforts. The rapid sale of a large edition of our joint work has, however, reassured me on these points, while it has imparted fresh desire to contribute a fuller share on my part than was requir-

ed of me on the former occasion. In order to preserve a harmony, in one respect at least, between the British and American portions of the present edition, I have continued the lecture style throughout.

"By the large additions which it has received, the work is now made to assume the character of a System of Medicine more than heretofore; at least, the circle of the most important and violent diseases, those which constitute the chief outlet to human life, is in a great measure complete. It consists at present of the following classes of diseases:—I. *The Digestive System*; II. *The Biliary Apparatus*; III. *The Spleen and Pancreas*; IV. *The Urinary Apparatus*; V. *The Respiratory Apparatus*; VI. *The Heart*; VII. *The Nervous System*; VIII. *Fevers*. Of these classes, the third, fourth, fifth, and sixth, are contributed for the first time, and constitute large and material improvements in the present edition. To the first class, or the Diseases of the Digestive System, my additions, both on the score of number and detail, have been considerable."

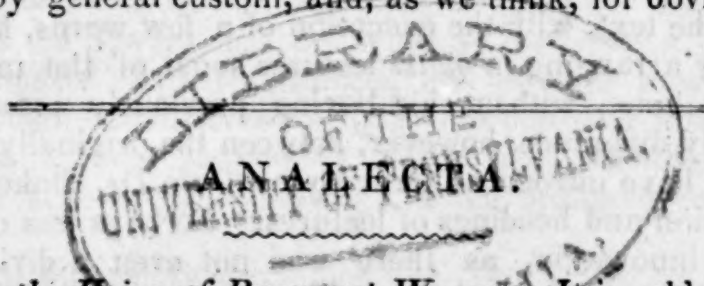
"In preparing the lectures on the Diseases of the Respiratory System I have incorporated much valuable matter derived from the work of Dr. Stokes on the *Diagnosis and Treatment of Diseases of the Chest*, besides that which appears in a lecture form, as directly from him, but, also, taken from the work just mentioned. On this last point, an explanation, if not apology, is due to Dr. Stokes,—not for any change of language or train of argument; for the text, with the exception of a few words, has not been altered, but for my arranging in *quasi* lectures some of the matter which he published in a volume, without his having previously presented it in this shape. The only difference, however, between the originally printed matter and that which I have introduced formally as from Dr. Stokes, is in its receiving the division and headings of lectures. Perhaps less objection will be found with this innovation, as there was not even a division into chapters in the work on *Diagnosis and Treatment of the Diseases of the Chest*.

The class of Fevers has not been treated so much *in extenso* as precedent would have warranted; but by withholding common place literature, and the mystical disquisitions of the past age, without, however, yielding too much to the arithmetical affectation of the present, and by steadily bearing in mind the wants and expectations of the American practitioner for information respecting the fevers of the United States and analogous climates, rather than those of European hospitals, camps, and jails, less disappointment will, it is hoped, be felt at my abbreviations on this head. I have curtailed to some extent my former lectures on Congestive Fever, but have still retained those distinctive features which imparted to them that interest in the minds of the physicians of the South and West, which I was sanguine enough to anticipate when I first took up the subject. Let me, in conclusion, exhort them to send back to us in the city, in return for our issues, full and carefully prepared histories of their fevers; for a complete elucidation of the nature and treatment of which they must not look to the hospital statistics nor collegiate teaching of Europe, without the aid which it is in their power so amply to supply."

The nature of this work does not admit of an analysis, nor indeed is it necessary to enter fully into the merit of a work which in one form or another has been so long before the public, and has been received with so much favour.

The recent additions include almost every disease usually treated of, in a work on the Practice of Medicine. They contain much instructive matter, and will be profitably read by the Student. Doctor Bell's experience, as an American practitioner, has shown him what subjects require to be treated of more at large than is necessary in a work published in Great Britain, where the climate is much more temperate; and he has availed himself of this experience to make such additions as the difference in the forms of the diseases of the two countries require, to make the work more complete for American practitioners. The least favourable specimens are some of his remarks upon continued fever, which are not a little obscure, especially those which relate to the specific character of these diseases.

The course adopted by Dr. Bell may expose him to some remark; for our own part we do not admit the propriety of thus remodeling the works of an author,—at least of one still living. There may be circumstances which may render it proper with the writings of one not a cotemporary. In expressing our objections we give merely our individual opinion, being aware that Dr. Bell has been guided by the views which he believes to be right, although not sanctioned by general custom, and, as we think, for obvious reasons objectionable.



Lubaniski on the Urine of Pregnant Women.—It is seldom as acid as in other individuals, occasionally it is neutral, and sometimes alkaline, and generally light-colored. Donne suspected that the salts of lime for the most part are diminished during pregnancy, and that a part of them is taken to supply the materials for the formation of the foetal bone; and he found in many experiments instituted for this purpose, that by the addition of thirty parts of hydro-chloride of lime to fifty parts of urine, there was a precipitate of from forty to fifty parts of salt of lime in common urine, whereas in that of pregnancy, the most he ever detected was thirty, and very often not near so much. Before making the experiment, the urine to be tried must be tested, to ascertain if it be alkaline or acid, and if acid, a few drops of ammonia must be added to render it alkaline, since the precipitate from phosphate of lime is soluble in weak acids. If the experiment be made with solution of baryta, there will be in healthy urine a precipitate of from twelve to fifteen parts of salts of baryta; in the pregnant from five to eight, after twelve hours' rest. With reference to the question of pregnancy, Donne has, out of thirty-six cases, only twice been deceived. Lubaniski found it decisive in three cases of pregnancy, where the manual examination and auscultation proved unavailing. He proposes the following questions for investigation. 1. At what period of pregnancy does this diminution of the salts of lime take place? 2. Is it always constant? 3. In what relation does it stand to the increase of foetal ossification? 4. At what period does it cease?—*Dublin Journal of Med. Sci.*, Nov. 1842, from *Ann. d' Obstetrique des Maladies des Femmes et des Enfants*.

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